



• Phone (807) 622-2244 • Fax (807) 622-3456  
www.tbayultrasound.com

1265 Arthur Street East, Suite 407  
Thunder Bay, Ontario P7E 6E7

Date:.....Appointment Time: .....  
(by appt. only)

Name:.....

Address:.....

Phone: .....

Birth Date: ..... Health Card #: .....

Doctor/RNP/Midwife: .....

**AREA TO BE EXAMINED**

- A) Abdomen Complete
- B) Abdominal Scan Limited/Follow-up
  - 1) Aorta
  - 2) Gallbladder
  - 3) Liver
  - 4) Pancreas
  - 5) Spleen
  - 6) Kidney
  - 7) Hernia/Abdominal Wall
  - 8) Other (specify)
- C) Thyroid
- D) Scrotum
- E) Urinary Tract
- F) Pelvic, Complete + Transvaginal
- G) Sonohysterography - Saline Infusion

- Obstetrics**
- H) Pregnancy 18-22 wk Anatomy
- I) Pregnancy Limited 
  - 1) Detection fetal life
  - 2) Fetal growth
  - 3) Missed anatomy
  - 4) Placenta localization
  - 5) Cervix length
- J) Nuchal Translucency (IPS Part 1)
- K) Biophysical Profile
- L) Dating
- M) Amniocentesis
- N) Musculoskeletal**
- Shoulder R\_\_L\_\_
- Knee R\_\_L\_\_
- Ankle/Foot R\_\_L\_\_
- Specify \_\_\_\_\_
- O) Other \_\_\_\_\_

Clinical Information DLNMP/EDC

Verbal Report  Doctor's/RNP's/Midwife's Signature: \_\_\_\_\_

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHG Program website:  
<http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>

APPOINTMENT:

Date:.....

Time:.....

**PLEASE** be on time for your appointment.

**CONFIRM** your appointment two (2) working days in advance.

**UNCONFIRMED OR LATE APPOINTMENTS MAY BE CANCELLED**

**CONFIRMED APPOINTMENTS THAT ARE NOT KEPT WILL BE CHARGED AT THE CURRENT ONTARIO MEDICAL ASSOCIATION RATE.**

**PATIENT PREPARATION**

**CHILDREN:**

**two (2) years to twelve (12) years**

Follow adult preparations but drink only 2 glasses of water to fill bladder.

**PELVIC, PREGNANCY, LESS THAN 13 WEEKS, URINARY TRACT, PROSTATE**

**DO NOT EMPTY** your bladder for 2 hours before exam **If absolutely necessary, bladder may be partially emptied.** Transvaginal scans are a common part of female pelvic ultrasounds.

**PLEASE DO NOT BRING YOUNG CHILDREN TO YOUR EXAM**

**PREGNANCY, 13 TO 40 WEEKS**

No preparation. Please empty bladder before exam.

**SONOHYSTEROGRAPHY**

No preparation. Empty bladder.

**ABDOMINAL EXAM**

**DO NOT EAT** for eight (8) hours prior to the exam. Clear fluids allowed. No milk, cream or carbonated beverages.

**KIDNEYS ONLY**

No preparation.

**ABDOMEN AND PELVIS**

Do not eat for eight (8) hours prior to exam. **DO NOT EMPTY BLADDER for 2 hours before exam NO ALCOHOL OR CAFFINATED BEVERAGES.**

**READ ULTRASOUND REGULATIONS:**

1. Due to the length of the examination it is not recommended that patient comes alone with small children.

2. The sonographer is not in position to give patient results of the scan. The results will be obtained from the doctor/practitioner who ordered the scan.

3. Pictures and CDs of pregnancy studies/babies can be purchased for a fee.